



THE APPLICATION

Mail to:  
Saddhamma Foundation  
5459 Shafter Avenue  
Oakland, C A 94618  
Phone or Fax: 510-420-1039

APPLICATION FOR THE YEAR 2005 RETREAT

Name (Exactly as it appears on your passport)\_\_\_\_\_

Sex:    ☐ Female    ☐ Male

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (        ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth & Passport # \_\_\_\_\_

Country on Passport \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (        ) \_\_\_\_\_

If you have attended meditation retreats in the Theravadan tradition please list them below

<i>Date</i>	<i>Teacher</i>	<i>Location</i>	<i>Length of retreat</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any other meditation traditions you have practiced in the last 5 years

*Please be thorough and honest in your answers to the questions below so that the Sayadaws can most skillfully guide your practice.*

1. Do you have any history of physical illness, limitations or special needs, which might affect your stay in Burma, or an illness that requires constant treatment? If so, please be specific.
2. Are you currently taking any drugs or medications? Please list each medication and the condition being treated.
3. Have you ever been diagnosed with a psychological condition? Please describe the diagnosis, treatment given, (including medications), and the dates.
4. Have you ever experienced or been treated for moderate or severe depression or a nervous breakdown? If yes, please list the date(s). Has the condition been resolved ?
5. Have you ever attempted to take your life?    ☐ Yes    ☐ No  
If yes, please describe the circumstances and dates.
6. What is your purpose in wanting to participate in this retreat? Please state your purpose clearly.

PLEASE READ CAREFULLY AND SIGN BELOW:

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I understand that, if accepted, omissions or false statements on this application shall be considered sufficient cause for dismissal. I will not hold Panditarama responsible for any liability during my travel or stay for this retreat.

Signature of applicant

Date signed

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